Issued: 10/94

APPENDIX 8a AGE-SPECIFIC HEALTHCHECK FOOD RECORDS

DEPARTMENT Division of Health DOH 1066 (3/94)	STATE OF WISCONS Completion of this form is volunta		
2011 1000 (33-7)		INFANT'S FOOD RECORD (0-12 months of age)	1-800-722-22
Name		Date	
Directions: morning fee	Write down eding yeste	everything baby ate or drank in the last 24 hours (meals and snacks). Strday to the first morning feeding today.	Start with the firs
Example: 3:00 am 7:00 am 9:00 am	home home sitter	breastfed breastfed 3 ounces SMA with Iron, concentrate (made with 1 can concentrate an	d 1 can water)
TIME	PLACE	AMOUNT AND FOOD/BEVERAGE EATEN	
. Is this the	e way your	Office Use Only: oz formula: eBF: Brd: Veg: baby eats most of the time? No Yes If no, why not?	Frt: Meat:
milk _	jello wa	in a bottle? breast milk formula juices water tea other:	cereal
. Check ar c	ny problems shokes and	s baby has during feedings: gags is a fussy eater other:	-
. Where do	oes baby's	drinking water come from? well city water bottled water	don't know
If bab	y goes to s	y go to a babysitter or day care? days a week never itter or day care, are meals/food provided? No Yes of money for baby's food or formula, what do you do?	

Issued: 10/94

DEPARTMENT OF HEALTH & SOCIAL SERVICES

Division of Health DOH 1066A (3/94) STATE OF WISCONSIN Completion of this form is voluntary 1-800-722-2295

CHILD'S FOOD RECORD (1-12 years of age)

Name		Date				
Directions: first mornin	Write down eve g feeding yeste	erything the child <u>ate</u> or <u>drank</u> in the last 24 hours (meals and snacks). Start with the orday to the first morning feeding today.				
Example:	8:30 am	home sandwich - 2 slices whole wheat bread, 2 slices cheddar cheese, and 1 tablespoon butter 1 cup tomato soup made with 2% milk				
TIME	PLACE	AMOUNT AND FOOD/BEVERAGE EATEN				
		Office Use Only: Brd: Veg: Frt: Milk: Meat:				
1. Is this th	e way this child	eats most of the time? No Yes If no, why?				
2. What foo	ods does this ch	nild refuse to eat?				
3. How ofte	en does this chil 2 to 4 times a w	d eat away from home? 1 to 2 times a week reek almost every day Where are these meals eaten?				
. Are mea	Are mealtimes with this child usually pleasant? No Yes If no, why?					
i. How mai	How many times in the last month did the child have problems getting enough food?					

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Division of Health

STATE OF WISCONSIN iry

DO⊦	H 1066B (3/94)	1	ADOLESCENT'S FOOD RECORD (13-20 years of age)	722-229 Volunta
Na	me		Date	
Dir	ections: V	Vrite down	everything you had to eat or drink, and how much, in the last 24 hours (me h the first time you ate yesterday, to the first time you ate today.	als
Exa	ample:	10:30 ho	ome donut, 4 oz apple juice	
_		noon ho	ome sandwich - 2 slices whole wheat bread, 2 slices cheddar cheese, 1 tablespoon butter 1 cup (8 ounces) tomato soup made with 2% milk	
L	TIME	PLACE	AMOUNT AND FOOD/BEVERAGE EATEN	
			Office Use Only: Bread: Veg: Frt: Milk: Me	ist:
١.	Is this the	way you	eat most of the time? No Yes If no, why?	
			refuse to eat?	
	How ofte	n do you e	at away from home? 1 to 2 times a week 2 to 4 times a week	
Į			day Where are these meals eaten?	
			the last month did you have problems getting enough food?	Yes